

Requirements for International Students. Neither the admissions requirements issue, nor the SAP issues were resolved in the campus's response.

9. Enrollment agreements do not include all required items (Section 3-1-414). The campus responded by providing an updated draft enrollment agreement with an effective implementation date of February 19, 2019. The new draft enrollment agreement meets the Council standards, however, there was no evidence provided that indicated implementation of the agreement. Further, if the institution allows for its students to take online courses (up to a certain percentage of their program) administered by other campuses, the enrollment agreement must disclose this possibility in its agreement to ensure understanding.
10. There is not one comprehensive SAP policy for all students which complies with all of Council's requirements (Section 3-1-421 and Appendix D). The campus response included a single, revised SAP policy that meets Council standards. The catalog addendum has been updated to include the revised policy. However, in the response the campus stated the following:
Additionally, to ensure the students and staff and faculty are aware of, and understand, the revised policy the following actions have taken place:
 - a) *Campus leadership plans to educate campus level faculty and staff during upcoming staff meetings*
 - b) *Campus leadership will audit the notification workflow and ensure that all policy guidelines are followed and are tracked accordingly.*
 - c) *Campus leadership will host town hall meetings, and open office hours to discuss the changes to the SAP policy with students.*
11. Students not meeting SAP are not properly notified and advised (Section 3-1-422 and Appendix D). The campus responded with explanations of past issues leading to the missing advising documents. In addition, the campus stated that "The new academic advisor that began in Spring of 2018 maintains much more detailed records of advising on each student and submits the student advising forms to the registrar to maintain in the academic file," yet 2 instances of the students found without SAP advising occurred in October and November of 2018. The campus did not include any evidence they are currently properly notifying and advising students who are not meeting SAP.
12. The campus oversight of the administration of SAP is not sufficient (Section 3-1-423 and Appendix D). The campus response did not identify an individual assigned to oversee the SAP process, proof of their training, or their acknowledgement of their understanding and acceptance of the responsibility.

New Delhi branch campus:

1. There is lack of clarity on the distance education activity administration and delivery at the campus, to include the facilitation of online courses for students enrolled at other campuses within the institution (Section 2-2-106 & Appendix H).
2. The CEP does not meet Council standards in a number of areas (Section 3-1-111 and Appendix K). The CEP does not properly evaluate all of the required elements. The campus responded by addressing which assessments they used to measure student satisfaction and graduate satisfaction. However, the surveys were not analyzed, no goals were established, and no action plans were established.
3. There is not a current distance education plan which is also included in the campus's current CEP (Section 3-1-111 and Appendices H and K). The campus responded to this concern by providing their distance education plan; however, it was not integrated into the CEP.
4. The team was unable to verify all placement waivers for the 2018 CAR (Section 3-1-203 and Appendix L). The campus responded by stating one student, [REDACTED], was classified as a placement waiver but should have been classified as a verified placement. The campus submitted a new CAR. However, they did not provide documentation to support [REDACTED] as a verified placement. Per a review of the Placement Verification Program (PVP), [REDACTED] is not listed.
5. Enrollment agreements do not meet Council standards (Section 3-1-414). The campus responded with copies of these two students' signed enrollment agreements. However, the enrollment agreements presented did not identify the student's program and did not have the scheduled month and year of graduation. The campus also provided four signed copies of trainings for admissions department. However, it is not clear as to who has signed the forms, or if these four individuals are the only members in the admissions department. Further, if the institution allows for its students to take online courses (up to a certain percentage of their program) administered by other campuses, the enrollment agreement must disclose this possibility in its agreement to ensure understanding.

Glen Allen branch campus:

1. There is lack of clarity on the distance education activity administration and delivery at the campus, to include the facilitation of online courses for students enrolled at other campuses within the institution (Section 2-2-106 & Appendix H).
2. The CEP does not contain all required elements at both the campus and program levels (Section 3-1-110 & Appendix K). The campus responded by providing an updated CEP (supporting documentation for finding three) and meeting minutes of the CEP Review Committee (supporting documentation for finding four). However, lacking in the updated

CEP was a review of all critical organizational functions. Admissions was mentioned once in regard to the overall campus retention plan, once in discussing placement rates in the program improvement plan (PIP) for the Baking and Pastry academic associates program, and one for retention rates in the program improvement plan (PIP) for the Health Information Management, bachelor's degree program and the business administration, bachelor's degree program. However, a review of the admissions process was not reviewed. Additionally, there was no review of their recruitment, financial aid, or student services.

3. The CEP does not meet Council standards in a number of areas (Section 3-1-111 & Appendix H, Section II, Institutional Readiness (b) and Appendix K). The campus responded by providing an updated CEP but did not adequately address the graduation rates by campus, student satisfaction by program, graduate satisfaction by program, employer satisfaction by program or campus, or sufficient student learning outcomes by campus or by program. Student learning outcomes did not include: data, summary, or analysis. Additionally, there was no evidence of a distance education plan being integrated within the CEP that meet Council standards; the campus only provided a discussion of student services available to online students, and a blank readiness survey given to prospective students.
4. A bi-annual progress report has not been completed as required (Section 3-1-112 & Appendix K). The campus responded by providing meeting minutes from February 8, 2019. However, the minutes did not address each required element and was still missing the items identified by the team. There was no discussion of progress reports related to that update that was shared with faculty and staff, including completion of activities and changes in data and information.
5. A placement waiver could not be verified (Section 3-1-203 and Appendix L). The campus responded to the visit finding regarding unverified retention and placement waivers by clarifying that the two students who had submitted change of campus request forms indicating they were transferring to "online" were, therefore, transferring to the Falls Church campus. Updated change of request forms were provided that removed "online" as an option for the student's new campus. Therefore, the previous retention waiver classification for a change to a campus under common ownership was appropriate for the students. The campus also provided appropriate visa documentation for three students that the visit team had been unable to locate onsite. However, for student [REDACTED], who was marked on the 2018 CAR as unavailable for placement due to continuing education, and who the team noted because she did not follow through with continuing her education, the campus submitted a placement waiver for continuing education signed by [REDACTED] and the career services person on May 2016, which does not fall within the 2017-2018 CAR period and even predates [REDACTED]'s completion of her first program (academic associate's degree in business administration) in July 2017. As the team found, while [REDACTED] signed an enrollment agreement for the bachelor's degree in business administration program and began courses in March

2018, she withdrew during her first term, by at least May 27, 2018 (5 months prior to the submission of the 2018 CAR); therefore, her classification as a placement waiver is invalid.

6. It is not evident that the campus's student relations activities support high ethical standards (Section 3-1-400). There were five issues referenced here, please see findings 4, 6, and 7 for three of these. The other two are addressed here:
 1. For the Standard Term of Non-Attendance concern the campus responded they use this language to reference a leave of absence. However, the response did not address the 17 students referenced by the team or explain how many days out of class they had been and if this exceeded the FSA handbook.
 2. The campus response included a single, revised SAP policy that meets Council standards. The catalog addendum has been updated to include the revised policy. However, in the response the campus stated the following:
Additionally, to ensure the students and staff and faculty are aware of, and understand, the revised policy the following actions have taken place:
 - a. *Campus leadership plans to educate campus level faculty and staff during upcoming staff meetings.*
 - b. *Campus leadership will audit the notification workflow and ensure that all policy guidelines are followed and are tracked accordingly.*
 - c. *Campus leadership will host town hall meetings, and open office hours to discuss the changes to the SAP policy with students.*
7. Enrollment agreements do not meet Council's standards (Section 3-1-414). The campus submitted a new enrollment agreement for a student who enrolled for the March 2019 term in the bachelor's degree in Information Technology. However, for the section under "Program's Duration" the course identified is the diploma in Culinary Arts. Additionally, there is a statement, "See catalog for information about which programs and courses have fees."
8. The campus is not following its published refund policy (Section 3-1-433). The team identified three students - [REDACTED] - who did not receive their refunds in 45 days. The campus responded by stating students [REDACTED] had signed a "student budget authorization" allowing the campus to keep their balance on their account. For student [REDACTED], the campus explained they mailed his refund within the time period, but it was returned to the campus as undeliverable. They stated they refunded this to [REDACTED] as a direct deposit. Documentation provided was the signed authorization forms for students [REDACTED]. For student [REDACTED] documentation included a screenshot of the student account information, showing the check was initially posted to his account as a refund of [REDACTED] on April 21, 2017, but refunded to the campus and posted ([REDACTED]) on July 21, 2017 (after it was returned to the campus). On November 1, 2017 a direct deposit in the amount of [REDACTED] was posted on the account. However, it is not clear if all these

- students were due a refund because of a drop or other reasons and it is also unclear why [REDACTED]'s deposit on November 1, 2017 was more than the original amount.
9. Community resources are not being appropriately utilized in some programs (Section 3-1-512(c)). The campus responded by providing sign-in sheets and a picture of a field trip to Walgreens for the Pharmacy Technician program. Only one of the four students in the program attended and a picture of this student was included. For the business program, the campus provided minutes of a Program Advisory Board where a business representative was in attendance. These singular examples of the use of community resources are not adequate.
 10. Instructional resources are not appropriate in the MIBC program (Section 3-1-531(c)). The campus provided the following documentation to support the change to the new edition: a change of book request form, with approval granted and the new syllabus of the MIB230 course. However, they did not provide proof of purchasing the books.
 11. The graduate programs do not have the required oversight committee (Section 3-6-301). The campus responded by sending a copy of two generic emails: (no name of addressee, no date, no title of the person, nor the name of the company affiliated with) sent to prospective members, one inviting them to serve on a graduate steering committee and the other one welcoming them to the committee. The invitation and the welcome emails did not identify the specific program the person would be serving on (business or healthcare). Committee meeting minutes for business, computer science and information technology, and the campus of health sciences held on February 13 were provided. However, there were no sign-in sheets and individuals in the meetings (breakout sessions for each program) were not clearly identified as to their role on the committee.
 12. Graduate business programs' faculty are not directly involved in the development of programs (Section 3-6-402). The campus responded with an email to faculty on November 27, 2018 regarding business department updates, including a list of course coordinators for 16 new courses. However, these courses were all undergraduate courses. One email was sent to instructor [REDACTED] on January 24, 2019 regarding a graduate course revision. However, no other graduate faculty or courses were included.

Newport News branch campus:

1. The CEP does not include specific program improvement plans for any of the programs that did not meet Council standards for retention and placement on the 2018 CAR (Sections 2-1-809 and 3-1-111, and Appendices K and L). The campus responded by providing an updated CEP; however, the specific program improvement plans for two of the requested programs did not meet Council standards for retention. The bachelor's degree in health sciences and the associate's degree in hotel and restaurant management did not provide an acceptable retention plan in their response. On each of the responses provided, the campus's analysis was referring to graduation and not retention.

2. There is lack of clarity on the distance education activity administration and delivery at the campus, to include the facilitation of online courses for students enrolled at other campuses within the institution (Section 2-2-106 & Appendix H).
3. The CEP does not meet Council standards (Section 3-1-111 and Appendix K). The graduate and the employer satisfaction survey results are for the campus only and do not include results at the program level.
4. Student learning outcomes and direct assessments of SLOs have not been appropriately selected (Section 3-1-111 and Appendix K). The campus provided an updated CEP that included a SLO assessment schedule showing that the campus assesses its programs on a staggered basis over a three-year period. However, the information did not provide an analysis of each individual program's direct assessments. The campus did provide assessments for the business program, but not for any of the other programs offered at the campus.
5. The campus has not documented the implementation of its CEP and preparation of periodic progress reports (Section 3-1-112). The campus provided in their response an alignment of schedules for a two-year period indicating the meetings for the CEP would be held in May and December, and could be held at other unscheduled times if necessary. The campus also provided a chart in their updated CEP that identified the areas of concern, person responsible, and status/reporting date. However, this chart only covered the first three months of the year, rather than January through December. The campus also indicated they had a meeting scheduled for Friday, February 22, 2019.
6. Documentation was not available of an annual evaluation of the campus's CEP (Section 3-1-113). The campus responded to the finding by providing a schedule for 2019 and forward to evaluate the campus's CEP twice annually, also indicating that meetings will be conducted more often, as needed. The campus also provided an updated CEP in their response, as well as, a proposed agenda for a February 22, 2019 CEP meeting and the topics that would be covered were outlined on the agenda.
7. The team was unable to verify the campus retention rate and a graduate unavailable for placement on the 2018 CAR (Section 3-1-203 and Appendix L). The campus did provide documentation for [REDACTED] regarding their transfer to the Falls Church campus; however, this information has not been updated in the CAR. [REDACTED] have not been updated at the time of this report. The CAR has not been updated as of March 12, 2019.
8. The team was unable to determine if the campus's student relations reflect high ethical standards (Section 3-1-400). Two of the issues related to this finding are addressed in items nine and ten below. The other issue, the Standard Term of Non-Attendance concern, the campus responded they use this language to reference a leave of absence. However, the

response did not address the 10 students referenced by the team or explain how many days out of class they had been and if this exceeded the FSA handbook.

9. Enrollment agreements do not meet Council standards (Section 3-1-414). While the campus submitted a revised Enrollment Agreement, it is labeled as “draft” with an implementation date of February 19, 2019 and their response did not include any evidence that the new enrollment agreement had been implemented. The new draft enrollment agreement meets the Council standards; however, there was no evidence provided that indicated implementation of the agreement. Further, if the institution allows for its students to take online courses (up to a certain percentage of their program) administered by other campuses, the enrollment agreement must disclose this possibility in its agreement to ensure understanding.
10. The SAP policy is not one comprehensive policy consistently applied to all students (Section 3-1-421 and Appendix D). The campus provided an updated single SAP policy that will consistently be applied to all students. The campus response included a single, revised SAP policy that meets Council standards. The catalog addendum has been updated to include the revised policy. However, in the response the campus stated the following:
Additionally, to ensure the students and staff and faculty are aware of, and understand, the revised policy the following actions have taken place:
 - a. *Campus leadership plans to educate campus level faculty and staff during upcoming staff meetings.*
 - b. *Campus leadership will audit the notification workflow and ensure that all policy guidelines are followed and are tracked accordingly.*
 - c. *Campus leadership will host town hall meetings, and open office hours to discuss the changes to the SAP policy with students.*
11. Follow-up studies on graduate and employer satisfaction are not conducted at specific measuring points following placement (Section 3-1-441(c)). The campus responded by providing copies of graduate and employer satisfaction surveys and a chart identifying the specific measuring points for each of the surveys. However, the campus did not demonstrate how they use these data for its CEP discussions and/or individual academic program improvement.
12. A variety of community resources are not used in the information technology and network / cyber security programs (Section 3-1-512(a)). The campus responded by providing a request for approval of a field trip on January 19, 2019 to Scripps Howard School of Journalism and Communications. The campus also provided an attendance sheet for a field trip to Hampton University School of Journalism and Computer Center. The attendance sheet provided the names of three students and their appraisal of the field trip; however, the attendance sheet did not provide student signatures or any information regarding details of the tour or contact information of who conducted the tour.

Woodbridge branch campus

1. There is lack of clarity on the distance education activity administration and delivery at the campus, to include the facilitation of online courses for students enrolled at other campuses within the institution (Section 2-2-106 & Appendix H).
2. There is not an appropriate current CEP (Section 3-1-110 and Appendix K). While the response included a new CEP that is much more complete, there are still areas that are incomplete (as an example see section 8.1.3 on page 27 of the CEP). On page 4, Measures of Campus Effectiveness, the narrative says the plan evaluates 5 elements, but the CEC Tracks show 6, and the plan actually has 7. Numerous areas have only campus-wide data and do not contain program-specific data or analysis. Some areas appear to be system-wide data and not campus-level based on Demographic Data Collected showing a listing of all campuses (Student Satisfaction, Graduate Satisfaction, and Employer Satisfaction). Section 4.3, Retention Goals, is incomplete. The Graduation Rates section has data but no meaningful analysis. Under “Results” for several sections it states “results will be reported at the end of the CAR year” but campuses are required to evaluate the CEP at a minimum of twice per year. With quarterly CAR reporting, some results, such as retention, could be analyzed quarterly, especially for programs on Show Cause and Outcomes Reporting.
3. The CEP does not meet Council standards in a number of areas (Section 3-1-111 and Appendix K). The CEP does not properly evaluate all of the required elements. Placement rates were the only element properly evaluated at the campus and program level that included an appropriate analysis. The other elements still have various sections incomplete. The CEP does not measure appropriate SLOs for all programs. Only NCLEX licensure exam results were included. No other SLOs were reviewed in the CEP. The CEP does not include a listing of appropriate activities that include timeliness, due dates, or individuals responsible.
4. There is no evidence of implementation of specific activities within the CEP or that periodic progress reports were completed at least biannually (Section 3-1-112 and Appendix K). The campus response included copies of meeting minutes and sign-in sheets for a meeting held on February 22, 2019. However, in the response the campus states “Responsibility for specific activities have been assigned to various campus personnel and will be documented in meeting minutes and will be measured for effectiveness using CEP data.” Neither the meeting minutes nor the CEP show evidence of specific activities being assigned or measured.
5. The campus does not maintain adequate records related to the faculty (Section 3-1-303(a)). The visit finding also indicated that admissions requirements were not followed for two international students, for which the campus’s response included an adequate explanation of how the funding requirements for the two students were met. However, in

regard to maintaining adequate records related to faculty, the campus response did not include sufficient information to satisfy the findings related to faculty files.

6. Enrollment agreements do not meet Council's standards (Section 3-1-414). The campus responded by providing an updated draft enrollment agreement with an effective implementation date of February 19, 2019. The new draft enrollment agreement meets the Council standards, however, there was no evidence provided that indicated implementation of the agreement. Further, if the institution allows for its students to take online courses (up to a certain percentage of their program) administered by other campuses, the enrollment agreement must disclose this possibility in its agreement to ensure understanding.
7. The published policy on the responsibility and authority of faculty in academic governance does not contain all the required elements (Section 3-1-501(b)(d)(e)). While the campus response indicates that elements of the policy are found in different areas, such as the Administrative Policy Manual, all elements are not listed under one policy as required by Section 3-1-501 of the *Accreditation Criteria*.
8. There is no evidence that community resources are adequately utilized in the healthcare programs (Section 3-1-512(c)). The campus response indicated there were 3 guest speakers and 6 field trips in 2018. However, there was not sufficient documentation to support evidence that these activities occurred and which programs they were for. Only 1 guest speaker had sign-in sheets and only 2 field trips had pictures. In addition, the forms submitted as evidence were incomplete as several did not contain specific dates, lists of attendees, which courses or programs were attending, and follow-up evaluations.
9. Not all foreign transcripts have been appropriately evaluated for U.S. equivalency (Section 3-1-541). Not all transcripts from foreign institutions have been translated into English and evaluated by a recognized agency for [REDACTED] whose medical degree (MD) is from Crimean State Medical University. The campus response included sufficient documentation for [REDACTED], as well as documentation showing that [REDACTED] has resigned from the University.
10. There was insufficient evidence that appropriate faculty development plans have been developed and implemented annually for all faculty (Section 3-1-543). The campus response included a faculty development plan for all 18 faculty members listed in the finding. Five of the plans did not include adequate documentation as follows:
 - a. [REDACTED] – Documents for Q1 Moodle in-service listed as attached, but no documentation was included
 - b. [REDACTED] – No proof of memberships in ACH or SITE or other professional development activities
 - c. [REDACTED] – Documents for professional growth on 6/4/18, were listed as attached, but no documentation was included

- d. [REDACTED] – No documentation for 2018-19 activities (documents provided were from 2017 or not dated)
 - e. [REDACTED] – No documentation for 2018-19 activities (documents provided were from 2017 or not dated)
11. Faculty credentials, as published, could not be verified (Section 3-1-701 and Appendix C). The team was unable to verify the following faculty members' qualifying credentials within the catalog: [REDACTED]'s transcript from Crimean State Medical University was not properly evaluated. The campus's response did not include a proper evaluation. The response did satisfy that [REDACTED] is correctly listed in the addendum as having a MSN with a specialization in nursing / health care education.

Council Action

The Council acted to vacate the show-cause directive for data integrity, but determined that the institution is not in compliance with the *Accreditation Criteria*. Therefore, the Council acted to place the institution on compliance warning, continue the current grant of accreditation through December 31, 2019, and require the following information prior to its August 2019 meeting:

Falls Church main campus:

1. Evidence that the institution has clarified its intent concerning distance education administration and implementation at the main campus as well as at its branch locations. Documentation must include a copy of the approved Memorandum of Understanding amongst the campuses within the institution to facilitate the ability of students to take online courses from any location regardless of campus of enrollment. A revised catalog, and any other publication material, must also be provided to demonstrate that students understand that they may take online courses through a campus other than the location of study. Further, the campus must provide evidence that all appropriate administrative staff, include the registrar, admissions personnel, and advisors have been trained on the means of delivery of each program and how that affects students' enrollment and designation in the campus management database.
2. Documentation that the campus has collected appropriate data to support student satisfaction, employer satisfaction, graduation rates and student learning outcomes. A full student satisfaction survey including all questions on the survey, a summary and analysis of the survey from the most recent calendar year. The campus must describe the methodologies used to collect data; provide a rationale for using each type of data along with a summary and analysis of the data collected; and an explanation of how the data have been used to improve the educational processes at the campus. The campus must also describe any changes made to the educational processes that were directly related to the collection and analysis of these data.

Student learning outcome data, summary and analysis of this data for calendar year 2018. A detailed and clear summary and analysis of the NCLEX pass rates and how this aligns with the improvement plan.

3. Evidence to support implementation of planned activities. At minimum evidence should include evidence (signed and dated offer letter, background disclosure, updated organizational chart and confidentiality and non-competition agreement) to support [REDACTED] [REDACTED] has accepted the position of campus president. Documentation to support the orientation and training programs have been implemented. Minimum documentation to include the content of the trainings, sign-in sheets of attendance and/or completion of the orientation and training programs, progress reports to support implementation of monitoring goals, sign-in sheets, meeting itinerary, and meeting minutes of regular meetings with the program directors. If any new staff or faculty were hired between March 4, 2019 (date of hire of the campus president) and June 25, 2019 (before the response due date) evidence of the practice to hire “qualified, passionate, and dedicated leaders.” At a minimum this should include how these qualities were assessed, signed job descriptions, resumes of the applicants, copies of their college transcripts, and offer letters signed by both the campus administration and the newly hired program director. A class schedule for all classes taught from March 4, 2019 and June 25, 2019 listing faculty names. Signed in-depth classroom observations with title of person completing the observations and the faculty member being observed. Evidence to support all planned activities are being implemented. These can include signed documents, curriculum for any new orientation programs, signed sheets that these orientation programs have been completed by various individuals. Calendar with a schedule of workshops, annual conference, and seminars. For any of these activities that have been completed, include a synopsis of the event, itinerary, sign-in sheets, and, if applicable, certificates of completion. Documentation of the data integrity policy meeting discussing record keeping to include, at a minimum, the itinerary of the meeting, minutes of the meeting, sign-in sheets of individuals at the meeting clearly identifying each person’s role at the campus. A current list of all active faculty and staff and the ethical responsibilities document signed by each employee. The campus needs to review each of the planned activities submitted to ACICS and provide written documentation to support these activities have been implemented.
4. A current list of all faculty and staff and appropriately signed and dated job descriptions for each one.
5. Evidence that the 2017 and/or 2018 CAR have been revised, with the appropriate fee, to accurately capture the ending and beginning overall student population of the campus for the 2016-2017 and 2017-2018 reporting periods, respectively. A list of the nine students unaccounted for, if accurate, and an explanation of which CAR they should be on (either the 2017 or the 2018) must be submitted. This explanation should clearly identify the correct ending number of the 2017 CAR and the correct beginning number of the 2018 CAR, and that they match. The campus must also submit appropriate documentation to

support [REDACTED]'s visa during her enrollment and afterwards. The campus is also expected to submit all previously undeclared students in their respective bachelor's degree programs on the 2019 Quarter 3 CAR.

6. Foreign transcript evaluation for students [REDACTED] by a member of AICE or NACES, or by AACRAO's transcript evaluation department.
7. Evidence that the campus registrar or individual(s) responsible for protecting and maintaining student records has received up-to-date Family Educational Rights and Privacy Act of 1974 (FERPA) training.
8. Evidence of an enrollment agreement which has been revised to remove all references to doctoral (and post-graduate) programs and include a statement on the possibility of taking online courses administered by a separate campus. The campus must provide a list of all students enrolled from February 19, 2019 – June 14, 2019, and their appropriate enrollment agreements. The campus must also provide a list of all undeclared bachelor's degree students who were included in the campus's 2018 CAR non-program enrollment number, and the new, program-specific enrollment agreement for each student. In conjunction, the campus must also provide evidence that the "Undeclared Students" section and any references to such classification have been removed from the institution's catalog and any other applicable publications.
9. Evidence the new SAP policy has been implemented. This documentation should include the date of the approved revised SAP policy, a list of students on the SAP report(s) from the date of implementation through June 14, 2019. In addition provide evidence of who has been assigned to oversee the SAP policy and their acknowledgement of their understanding and acceptance of the responsibility. Meeting minutes and sign-in sheets to support the town hall meetings and the staff meetings have been held. Sign-in sheets and meeting minutes should be provided to support the faculty, students, and staff have been informed of the new SAP policy. Documentation to support audits of the notification workflow assuring policy guidelines are followed and tracked are being conducted.
10. An updated catalog with a complete list of all scholarships including the Short-Term Scholarships and the International Student Scholarships with a description of the award, application procedures, and deadlines and amounts that may be awarded.
11. Evidence that graduate and employer surveys are sent out at a specified time following placement. The campus must disclose what specific measuring points will be utilized for assessment and submit a summary of findings once the surveys have been collected. The institution must also submit the graduate and employer surveys.
12. Evidence that a qualified individual has been assigned to administer the business administration, accounting, computer science/information technology and software

engineering programs as well as a person to oversee the general education faculty. Documentation must include, but is not limited to, a signed employment letter, signed and dated job description, ACICS data sheet, photocopies of official transcripts for all qualifying credentials held, and a resume.

13. Evidence that community resources are being utilized to enrich the academic programs of the campus. Documentation must include, but is not limited to, a plan for the future use of community resources during each term by the faculty along with a schedule of community resource usage for the 2019 academic year. The campus must also submit a synopsis of each community resource activity that was scheduled to occur prior to June 14, 2019, as well as sign-in sheets that evidence student attendance, signed student waiver forms, acceptance and presentation by guest speakers, and evidence of students on field trips or in other community involvement activities.
14. Evidence that [REDACTED], program director for the accounting program, and the newly hired program director for the business program, have sufficient time to both administer and teach in their programs. Documentation must include a current data sheet that includes the amount of hours spent in administration and teaching and a current class schedule that include faculty assignments.
15. Photocopies of official transcripts for the following faculty members: [REDACTED]
[REDACTED]'s MBA from Stratford University. The transcript should clearly identify the degree conferred, date awarded, signature and title of the person authorized to sign the transcript as well as the grading scale.
16. A current faculty development plan for [REDACTED]
[REDACTED], along with documentation that all activities listed on the plans to be completed prior to June 14, 2019 have been completed. Faculty development plans are to include an appropriate mix of in-service training and professional growth activities and must identify the period of time for which the plan is valid (period not to exceed one year in length) and must be signed by the faculty member and his/her supervisor. Activities listed on the plan must be relevant to the instructors teaching assignment(s) and must be quantifiable.
17. The campus must submit a revised catalog with all changes identified in its addendum, and necessary as a result of findings remaining from this action. All references to Stratford University Language Institute must be removed.
18. [REDACTED]'s signed consent form.
19. Evidence that the on-site librarian has participated in professional growth activities. Documentation must include, but is not limited to, professional membership and involvement in a library association, seminars, or other appropriate activities.

20. The campus must submit an updated academic credit analysis correctly identifying the general education courses in the bachelor's degree in Health Information Management and Healthcare Administration and update its catalog with the swap of arts and sciences courses currently captured in its catalog addendum.
21. Documentation of an oversight meeting for the accounting program and an ongoing schedule of all oversight meetings to be held over the next year. At a minimum documentation should include sign-in sheets with names and titles of each member clearly printed names of individuals, their affiliation, minute meetings to reflect the accounting program was discussed.
22. Minutes of faculty meetings for the Business master's degree program in which the development of the program was discussed. The meeting minutes must include the date of the meeting, faculty attending, a sign in sheet, and topics discussed. In addition, the campus must also include a schedule of meetings to be held during that calendar year 2019 in which the development of the Business master's degree program will be discussed.

Baltimore branch campus:

1. Evidence that the campus has received acknowledgement from ACICS for the Non-substantive changes in contact hours and course listings. Documentation should include, but is not limited to, an Acknowledgement Letter from ACICS; a copy of the Non-substantive Change Application submitted to ACICS, to include program outline, course descriptions, and academic credit analysis along with documentation of appropriate fee submitted.

The campus must also provide an updated ACA for the academic associate's degree in Hotel and Restaurant Management, which will reflect the entire program and not solely the general education courses, as was previously submitted.

Lastly, the campus must submit a Non-Substantive Change application to evidence the CIS110 and CUL270 being replaced with SCII15 and SCI212, respectively for the academic associate's in advanced culinary arts and the academic associate's in baking and pastry arts.

2. Evidence that the appropriate distance education applications, by program, have been submitted and approved by ACICS to offer specific programs fully online. Documentation must include a copy of the approval letter which includes all affected programs along with revised catalog and publication materials to indicate which programs can be taken fully online. Additionally, a copy of the approved Memorandum of Understanding that will facilitate the availability of distance education courses at any campus within the institution must also be provided.

3. Submission of a Campus Effectiveness Plan (CEP) that includes a distance education plan referencing distance education activities. An analysis and summary of the data must also be provided. Data may include, but is not limited to, student surveys, faculty surveys, faculty meeting minutes where distance education activities were discussed, and other evidence of implementation and integration of distance education activities within the CEP.
4. Documentation that the campus has collected appropriate program-specific data to support graduate satisfaction, employer satisfaction, and student learning outcomes. The campus must describe the methodologies used to collect data; provide a rationale for using each type of data along with a summary and analysis of the data collected; and an explanation of how the data have been used to improve the educational processes at the campus. The campus must also describe any changes made to the program-specific educational processes that were directly related to the collection and analysis of these data.

The surveys used to assess graduate and employer satisfaction must be dated to reflect when the survey was administered and clearly identify the responders. The campus must use the same survey for all members of the group that is being surveyed. The analysis of the surveys should include the number of surveys sent out and the number returned. This information must be included for each group of graduates and employers surveyed. The surveys should be designed to provide program-specific feedback to the campus that will allow it to determine if improvements should be made to educational processes.

5. The campus must clearly identify the program-specific, direct student learning outcomes, such as licensure or certification exams, standardized tests, pre- and post-tests, examinations and quizzes, research projects, case study analysis, criterion-based rating scale or rubric scores, course-embedded questions, observations of clinical experience, internships, or field work, and capstone projects, theses, exhibits, or performances, externships grades, and other measures of skill and competency attainment as well as the analyses, goals, and activities to achieve the stated goals.
6. Evidence that the Campus Accountability Report (CAR) has been resubmitted, with the appropriate fee, to accurately capture the overall student and graduate population of the campus for the reporting period. Documentation must include a revised CAR along with backup documentation that substantiates the statistics reported in the CAR.
7. Evidence that the campus has updated the language on the web site to clearly align with the campus's admissions policy consistent with language in the catalog and catalog addendum. Documentation of the campus's published admission policies for international students and all areas where the policy is published. Documentation must include, but is not limited to, screenshots of the web page, a link to the webpage, copies of the catalog and addendum, and a link to the catalog and addendum.

8. Evidence that student relations reflect high ethical standards in regards to the administration of SAP and admissions requirements for international students. The campus must respond appropriately and provide adequate documentation in response to the findings on SAP and admissions of international students. In addition, the campus must provide evidence that staff members involved in these areas have been properly trained on their duties and responsibilities and appropriate processes for maintaining high ethical standards. Documentation must include, but is not limited to, evidence of training such as sign-in sheets, meeting minutes, presentations, and signed job descriptions, in addition to the appropriate documentation required in response to the additional findings on SAP and admissions policies.
9. Evidence that the new enrollment agreement for each program meets Council standards and has been implemented. Documentation must include, but is not limited to, a complete list of all new enrollments between February 19, 2019 and June 14, 2019, along with copies of their completed enrollment agreements. The enrollment agreements must clearly state the program of study, all program-related tuition and fees, scheduled month and year of expected graduation, and be signed by the student and the appropriate school representative. The agreement must also be revised to include a statement on the possibility of taking online courses administered by a separate campus.
10. Evidence that the revised SAP policy has been implemented. Documentation must include, but is not limited to, the date of implementation for the revised policy, meeting minutes and sign-in sheets for staff meetings and town hall meetings, as well as results from the Campus Leadership audit of the Notification Workflow. In addition, evidence of who has been assigned to oversee the SAP process. Documentation must include, but is not limited to, proof of their training, the ACICS Data Sheet, resume, signed job description, and their acknowledgement of their understanding and acceptance of the responsibility.
11. A report showing that SAP has been evaluated for all students enrolled from January 1, 2019 through June 14, 2019. This report must identify all students with a GPA below 2.0, showing the student's name, GPA, number of terms completed, number of terms required in the program, and the student's percentage of completion of his or her course requirements. The campus must also submit the student transcripts with evidence that students who are not making satisfactory academic progress have received notice of being placed on warning or probation. Evidence of notification to students may include copies of certified mail receipts or in-person meetings signed by both the student and administrator.
12. The campus must provide evidence that a qualified individual has been assigned to oversee the SAP process. Documentation must include, but is not limited to, a signed job description, ACICS data sheet, resume, proof of their training, and their acknowledgement of their understanding and acceptance of the responsibility.

New Delhi branch campus:

1. Evidence that the appropriate distance education applications, by program, have been submitted and approved by ACICS to offer specific programs fully online. Documentation must include a copy of the approval letter which includes all affected programs along with revised catalog and publication materials to indicate which programs can be taken fully online. Additionally, a copy of the approved Memorandum of Understanding that will facilitate the availability of distance education courses at any campus within the institution must also be provided.
2. Documentation that the campus has collected appropriate data to support graduate satisfaction, employer satisfaction, and student learning outcomes. The campus must describe the methodologies used to collect data; provide a rationale for using each type of data along with a summary and analysis of the data collected; and an explanation of how the data has been used to improve the educational processes at the campus. The campus must also describe any changes made to the educational processes that were directly related to the collection and analysis of these data. Further, the campus must identify student learning outcomes, such as course grades, GPA, entrance assessment, portfolios, externships grades, and other measures of skill and competency attainment. The surveys used to assess graduate and employer satisfaction must be dated to reflect when the survey was administered and must clearly identify the responder. The campus must use the same survey for all members of the group that is being surveyed. The analysis of the surveys should include the number of surveys sent out and the number returned. This information must be included for each group of graduates and employers surveyed. The surveys should be designed to provide feedback to the campus that will allow it to determine if improvements should be made to educational processes. For example, graduates could be asked if they are well prepared for their current position, and what, if anything, could have better prepared them to work in the position.
3. Documentation of a Campus Effectiveness Plan (CEP) that includes a distance education plan referencing data regarding faculty satisfaction with distance education activities. An analysis and summary of the data must also be provided. Data may include, but is not limited to, faculty surveys, faculty meeting minutes where distance education activities were discussed, and other evidence of faculty involvement with distance education activities.
4. Submit [REDACTED] to the PVP and have her verified; alternately if [REDACTED] cannot be verified as placed, then submit a revised CAR to support her correct status and evidence that the \$500.00 fee was paid.
5. Evidence that the new enrollment agreement for each program meets Council standards and has been implemented, effective February 19, 2019. Documentation must include, but is not limited to, a complete list of all new enrollments between February 19, 2019 and June 14, 2019, along with copies of their completed enrollment agreements. The

enrollment agreements must clearly state the program of study, all program-related tuition and fees, scheduled month and year of expected graduation, and be signed by the student and the appropriate school representative. The agreement must also be revised to include a statement on the possibility of taking online courses administered by a separate campus.

The campus must also submit an updated administrative staff summary form that clearly identifies all relevant individuals in the admissions department and evidence that they have been properly trained.

Glen Allen branch campus:

1. Evidence that the appropriate distance education applications, by program, have been submitted and approved by ACICS to offer specific programs fully online. Documentation must include a copy of the approval letter which includes all affected programs along with revised catalog and publication materials to indicate which programs can be taken fully online. Additionally, a copy of the approved Memorandum of Understanding that will facilitate the availability of distance education courses at any campus within the institution must also be provided.
2. An updated Campus Effectiveness Plan (CEP) with a review of all critical organizational functions of the overall educational and occupational objectives of its programs. At a minimum, a review and assessment of the following functions should be included: admissions, recruitment, financial aid, and student services. This review and assessment should also include how each of these campus functions are impacting and meeting the educational and occupational objectives of the programs.
3. Documentation that the campus has collected appropriate data to support graduation rates, student satisfaction by program, graduate satisfaction, employer satisfaction, and student learning outcomes. The campus must describe the methodologies used to collect data; provide a rationale for using each type of data along with a summary and analysis of the data collected; and an explanation of how the data has been used to improve the educational processes at the campus. The campus must also describe any changes made to the educational processes that were directly related to the collection and analysis of these data. Further, the campus must identify student learning outcomes, such as course grades, GPA, entrance assessment, portfolios, externships grades, and other measures of skill and competency attainment. The surveys used to assess graduate and employer satisfaction must be dated to reflect when the survey was administered and clearly identifies the responder. The campus must use the same survey for all members of the group that is being surveyed. The analysis of the surveys should include the number of surveys sent out and the number returned. This information must be included for each group of graduates and employers surveyed. The surveys should be designed to provide feedback to the campus that will allow it to determine if improvements should be made to educational processes. For example, graduates could be asked if they are well prepared

for their current position, and what, if anything, could have better prepared them to work in the position. The CEP must also include a distance education plan referencing data regarding faculty satisfaction with distance education activities. An analysis and summary of the data must also be provided. Data may include, but is not limited to, faculty surveys, faculty meeting minutes where distance education activities were discussed, and other evidence of faculty involvement with distance education activities.

4. Evidence that the CEP has been implemented and is being monitored on a regular basis. Documentation must include, but is not limited to, CEP meeting minutes describing the successful implementation of the specific activities listed in the plan and include updates on the completion of activities on periodic progress reports. The campus must identify representatives who are assigned responsibility for implementing and monitoring the CEP.
5. Evidence that the CAR has been resubmitted, with the appropriate fee, to accurately capture the overall placement rate of the campus for the 2017-2018 reporting period. The campus must reclassify [REDACTED] as not placed and provide the updated program spreadsheet for the academic associate's degree program in business administration.
6. Evidence the new Satisfactory Academic Progress (SAP) policy has been implemented. This documentation should include the date of the approved revised SAP policy, a list of students on the SAP report(s) from the date of implementation through June 14, 2019. In addition, evidence of who has been assigned to oversee the SAP policy and their acknowledgement of their understanding and acceptance of the responsibility. Meeting minutes and sign-in sheets for the town hall and staff meetings that have been held through June 14, 2019. Sign-in sheets and meeting minutes demonstrating that the faculty, students, and staff have been informed of the new SAP policy. Documentation to support audits of the notification workflow assuring policy guidelines are followed and tracked accordingly.

A list of current students on leave of absence, otherwise known as STNA. Include the current leave of absence (STNA) policy. Include all relevant documentation, including LOA paperwork and transcripts to demonstrate the policy is being followed for these students. Evidence that the STNA policy aligns with LOA guidelines in the FSA Handbook.

A list of all students from the 2017-2018 CAR that were classified as 'change of modality' when they should have been classified as a withdrawal as they withdrew from the campus and transferred to another campus. Evidence that the Campus Accountability Report (CAR) has been resubmitted, with the appropriate fee, to accurately capture the overall retention rate of the campus for the 2017-2018 reporting period. Documentation must include a revised 2017-2018 CAR along with backup documentation that substantiates the statistics reported in the CAR. An updated placement waiver for student [REDACTED] documenting she was appropriately classified on the 2017-2018

CAR. Alternatively, if the campus determines [REDACTED] was misclassified, the campus must submit a revised 2017-2018 CAR with appropriate fee. The revised CAR must reclassify [REDACTED] as not placed in field and include back-up documentation to substantiate the reclassification. For student [REDACTED] the campus must submit an updated VISA with the student's Visa expiring during or after the 2017-2018 CAR reporting year.

Documentation that trainings regarding ethical practices, including any new policies or current policies that have not been consistently applied, have been completed with each department/staff member at the campus. Evidence must include, but is not limited to, an attendance roster (sign-in sheet) of the staff/faculty/administrative members with their titles, who were present, meeting minutes, and documentation that those not present at the meetings have been provided with the minutes for the meetings or other relevant documentation from the meetings.

7. Evidence that the new enrollment agreement for each program meets Council standards and has been implemented, effective February 19, 2019. Documentation must include, but is not limited to, a complete list of all new enrollments between February 19, 2019 and June 14, 2019, along with copies of their completed enrollment agreements. The enrollment agreements must clearly state the program of study, all program-related tuition and fees, scheduled month and year of expected graduation, and be signed by the student and the appropriate school representative. The agreement must also be revised to include a statement on the possibility of taking online courses administered by a separate campus. Lastly, the campus must submit an updated administrative staff summary form that clearly identifies all relevant individuals in the admissions department and evidence that they have been properly trained.
8. Transcripts and ledgers cards for [REDACTED]. The campus must also provide an audit of withdrawals R2T4, calculation work sheets, and ledger cards for January 1, 2019 – June 14, 2019 to evidence the consistent application of its refund policy, in compliance with federal regulations.
9. Evidence of scheduled Program Advisory Committee (PAC) meetings for 2019 for the business programs (both graduate and undergraduate) and the pharmacy technician program and documentation of any meetings that have taken place. Documentation should include agendas, minutes and sign-in sheets from these meetings. The institution should also demonstrate a majority of the students in the pharmacy technician program have attended the scheduled activities. A plan for the future use of community resources along with a schedule of planned meetings, guest speakers, and other activities for the remainder of 2019 should also be included. For all activities prior to June 14, 2019, a synopsis of the event, sign-in sheets that evidence participation, minutes of meetings, signed student waiver forms, acceptance and presentations by guest speakers, and evidence of students on field trips or in other community involvement activities should be included, as applicable.

10. A list of the courses and syllabi for all courses in the Medical Insurance Billing and Coding (MIBC) program that also use the updated coding manuals that were selected for course MIB230 – Coding of Clinical and Diagnostic Procedures. Documentation such as invoices, purchase orders, packing slips and/or photographs demonstrating that the resources were purchased and are being used in the currently scheduled courses should also be included.
11. Signed or emailed acceptance of the letters from the graduate steering committee members as well as a business card and resume to support their credentials and relevance on the board. The institution should also provide a schedule of graduate steering committee meetings for the remainder of 2019 as well as agendas, minutes and sign-in sheets for meetings that occurred between February 14, 2019 – June 14, 2019. Sign-in sheets should be dated, include the individual names, title of the person, role on the committee either clearly printed or typed, and signatures of those in attendance.
12. Minutes and sign-in sheets from the business department meetings demonstrating graduate faculty involvement in the development of the graduate degree programs process. The meeting minutes must include the date of the meeting, faculty attending, and topics discussed. In addition, the campus must also include a schedule of meetings to be held for the remainder of 2019 in which the development of the graduate business programs will be discussed.

Newport News branch campus:

1. Appropriate program improvement plans which have been incorporated into the CEP for the bachelor's degree in health sciences and the associate's degree in hotel and restaurant management for retention outcomes.
2. Evidence that the appropriate distance education applications, by program, have been submitted and approved by ACICS to offer specific programs fully online. Documentation must include a copy of the approval letter which includes all affected programs along with revised catalog and publication materials to indicate which programs can be taken fully online. Additionally, a copy of the approved Memorandum of Understanding that will facilitate the availability of distance education courses at any campus within the institution must also be provided.
3. A revised Campus Effectiveness Plan (CEP) that includes the appropriate evaluation of graduate and employer satisfaction at the program and campus levels; as well as an analysis of student learning outcomes that are direct assessments of learning for each program offered at the campus. The evaluation of these elements must include a rationale for the survey questions being asked, the number of surveys administered and the corresponding response rate. Further, a thorough summary and analysis of the results must be provided to evidence the campus's assessment of its performance in each program to inform its program improvement planning. In the area of student learning

outcomes, the identification of a direct measure of assessment along with the rationale for its use must be provided for each program, as appropriate. The data collected and summarized must then be analyzed to evaluate the campus's assessment of student learning across all its programs as well as its plan for continuous improvement.

4. Evidence that the CEP has been implemented and monitored on a regular basis. Documentation must include, but is not limited to, CEP meeting minutes (February 22, 2019 scheduled meeting) along with the successful implementation of specific activities listed in the plan and updates on the completion of periodic progress reports. The campus must identify representatives who are assigned responsibility for implementing and monitoring the CEP.
5. Provide documentation of the February 22, 2019, CEP meeting that includes actual minutes addressing the agenda items provided in the last response.
6. The campus must provide an explanation in an updated CAR that reflects [REDACTED] and [REDACTED]'s transfers to the Falls Church campus. The campus must also provide documentation that evidences the validity of [REDACTED] and [REDACTED]'s retention waivers for the 2018 CAR. Additionally, the campus must also properly identify with supporting documentation the need for [REDACTED]'s placement waiver.
7. A list of current students on leave of absence, otherwise known as STNA. Include the current leave of absence (STNA) policy, all relevant paper work, LOA paperwork, and transcripts to document the policy is being followed for these students. Provide evidence that the STNA policy aligns with LOA guidelines in the FSA handbook.

Documentation that trainings regarding ethical practices, including any new policies or current policies that have not been consistently applied, have been completed with each department/staff member at the campus. Evidence must include, but is not limited to, an attendance roster (sign-in sheet) of the staff/faculty/administrative members with their titles, who were present, meeting minutes, and documentation that those not present at the meetings have been provided with the minutes for the meetings or other relevant documentation from the meetings.

8. Evidence that the new enrollment agreement for each program meets Council standards and has been implemented, effective February 19, 2019. Documentation must include, but is not limited to, a complete list of all new enrollments between February 19, 2019 and June 14, 2019, along with copies of their completed enrollment agreements. The enrollment agreements must clearly state the program of study, all program-related tuition and fees, scheduled month and year of expected graduation, and be signed by the student and the appropriate school representative. The agreement must also be revised to include a statement on the possibility of taking online courses administered by a separate campus. Lastly, the campus must also submit an updated administrative staff summary

form that clearly identifies all relevant individuals in the admissions department and evidence that they have been properly trained.

9. Evidence the new Satisfactory Academic Progress (SAP) policy has been implemented. This documentation should include the date of the approved revised SAP policy, a list of students on the SAP report(s) from the date of implementation through June 14, 2019. In addition, evidence of who has been assigned to oversee the SAP policy and their acknowledgement of their understanding and acceptance of the responsibility. Meeting minutes and sign-in sheets for the town hall and staff meetings that have been held through June 14, 2019. Sign-in sheets and meeting minutes demonstrating that the faculty, students, and staff have been informed of the new SAP policy. Documentation to support audits of the notification workflow assuring policy guidelines are followed and tracked accordingly.
10. The campus must submit documentation regarding the discussion and use of graduate and employer satisfaction survey data to improve educational outcomes.
11. The campus should provide more detail information regarding any community resources being utilized to enrich the programs. Documentation must include, but is not limited to, a plan for the future use of community resources during each term by the faculty along with a schedule of community resource usage for the 2019 academic year. The campus must also submit a synopsis of each community resource activity that was scheduled to occur prior to June 14, 2019, as well as sign-in sheets that evidence student attendance, signed student waiver forms, acceptance and presentation by guest speakers, and evidence of students on field trips or in other community involvement activities.

Woodbridge branch campus:

1. Evidence that the appropriate distance education applications, by program, have been submitted and approved by ACICS to offer specific programs fully online. Documentation must include a copy of the approval letter which includes all affected programs along with revised catalog and publication materials to indicate which programs can be taken fully online. Additionally, a copy of the approved Memorandum of Understanding that will facilitate the availability of distance education courses at any campus within the institution must also be provided.
2. Evidence that the current Campus Effectiveness Plan (CEP) meets Council standards. Documentation that the campus has collected appropriate program-specific data to support student satisfaction, graduate satisfaction, employer satisfaction, and student learning outcomes. The campus must describe the methodologies used to collect data; provide a rationale for using each type of data along with a summary and analysis of the data collected; and an explanation of how the data has been used to improve the educational processes at the campus. The campus must also describe any changes made to the educational processes that were directly related to the collection and analysis of

these data. Further, the campus must identify student learning outcomes, such as course grades, GPA, entrance assessment, portfolios, externships grades, and other measures of skill and competency attainment.

The surveys used to assess student, graduate, and employer satisfaction must be dated to reflect when the survey was administered and must clearly identify the responder. The campus must use the same survey for all members of the group that is being surveyed. The analysis of the surveys should include the number of surveys sent out and the number returned. This information must be included for each group of graduates and employers surveyed. The surveys should be designed to provide feedback to the campus that will allow it to determine if improvements should be made to educational processes. For example, graduates could be asked if they are well prepared for their current position, and what, if anything, could have better prepared them to work in the position.

3. Evidence that the CEP has been implemented and monitored on a regular basis. Documentation must include, but is not limited to, CEP meeting minutes along with the successful implementation of specific activities listed in the plan and updates on the completion of periodic progress reports. The campus must identify representatives who are assigned responsibility for implementing and monitoring the CEP.
4. Evidence to support that the campus is maintaining adequate records related to the faculty. Documentation must include, but is not limited to, appropriate responses sufficient to satisfy the remaining findings related to faculty files.
5. Evidence that the new enrollment agreement for each program meets Council standards and has been implemented, effective February 19, 2019. Documentation must include, but is not limited to, a complete list of all new enrollments between February 19, 2019 and June 14, 2019, along with copies of their completed enrollment agreements. The enrollment agreements must clearly state the program of study, all program-related tuition and fees, scheduled month and year of expected graduation, and be signed by the student and the appropriate school representative. The agreement must also be revised to include a statement on the possibility of taking online courses administered by a separate campus.
6. Evidence that the campus has published an appropriate academic governance policy and that all faculty are aware of the policy and their responsibilities pertaining to academic governance. Documentation must include, but is not limited to, a copy of the policy and where it is published as well as signed acknowledgements from all faculty.
7. Evidence that community resources are being utilized to enrich the healthcare programs of the campus. Documentation must include, but is not limited to, a plan for the future use of community resources during each term by the faculty along with a schedule of community resource usage for the 2019 academic year. The campus must also submit a synopsis of each community resource activity that was scheduled to occur prior to

June 14, 2019, as well as sign-in sheets that evidence student attendance, signed student waiver forms, acceptance and presentation by guest speakers, and evidence of students on field trips or in other community involvement activities.

8. Evidence that foreign transcripts have been appropriately evaluated for US equivalency to degrees earned in the U.S. by AACRAO or a member of NACES or AICE for [REDACTED]. Additionally, documentation showing that [REDACTED] is not scheduled to teach any courses, and if applicable, was replaced by an appropriately qualified individual. Documentation must include, but is not limited to, an updated class schedule for the current term and if applicable, the ACICS data sheet, resume, transcripts, translation/evaluation, and signed job description and employment letter for the individual assigned to replace [REDACTED].
9. Submit evidence that appropriate faculty development plans have been implemented for the following five (5) faculty members: [REDACTED].
10. Provide evidence that the campus has received the proper evaluation of the transcripts for [REDACTED]. Documentation must include evidence that foreign transcripts have been appropriately evaluated for US equivalency to degrees earned in the U.S. by AACRAO or a member of NACES or AICE for [REDACTED].

The information or reports listed above must be received in the Council office electronically, via each campus's online application, by **June 28, 2019**. The institution's ongoing attention and efforts toward continuous improvement are a very important component of its accredited status, and your responsiveness to this Council action letter is essential to a favorable outcome for both the institution and its students.

The Council is obligated to take adverse action against any institution that fails to come into compliance within established time frames without good cause, pursuant to Title II, Chapter 3, Introduction of the *Accreditation Criteria*.

Please contact Mr. Andre McDuffie at amduffie@acics.org or (202) 336-6737 if you have any questions.

Sincerely,

(b)(7)(D)

Michelle Edwards
President and CEO

- c: Dr. Norman Flowers, Baltimore branch campus (acicsbaltimore@stratford.edu)
Dr. Dutchie Reid, Glen Allen branch campus (acicsglenallen@stratford.edu)

Mr. Amit Prasad, New Delhi branch campus (acicsnewdelhi@stratford.edu)
Dr. Melanie Baak, Newport News branch campus (acicsnewportnews@stratford.edu)
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Ms. Lori Weber, American Culinary Federation (lweber@acfcchefs.net)
Ms. Jennifer Butlin, Commission on Collegiate Nursing Education
(jbutlin@aacn.nche.edu)
Ms. Katherine Westerlund and Mr. James Hicks, U.S. Immigration and Customs
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January 10, 2019

ID CODE 00019411(MC)

VIA EMAIL AND REGULAR MAIL

acicsfallschurch@stratford.edu

Dr. David Brand
Interim Campus President
Stratford University
7777 Leesburg Pike Suite 100-S
Falls Church, VA 22043

Subject: Continued Show-Cause Directive for Placement Data Integrity

STRATFORD UNIVERSITY- NEW DELHI, NOIDA,
UTTAR PRADESH, INDIA

ID CODE 00029108(BC)

Dear Dr. Brand:

At its December 2018 meeting, the Council considered the institution's response to the show-cause directive action taken regarding the New Delhi campus's misrepresentation of placement verification data in the ACICS Placement Verification Program (PVP).

As communicated in the Council's July 8, 2018, letter to the institution, a review of the New Delhi campus's placement data submission to the ACICS PVP, which included a comparison with the ACICS Fraud Check Report, uncovered issues with submitted employment records. The records included graduates submitted as placed at a consultancy firm. A review of the generic website for the firm raised concern for its legitimacy. Secondly, the contacts submitted as "employers" at two distinctly different places of employment, one being the aforementioned consultancy firm, used the same IP address to confirm employment for multiple graduates. This IP address was also that of the individual who submitted the PVP records on behalf of the school to be verified for these graduate placements.

In response, the campus terminated the individual, who was the career services director; removed the eight fraudulent placements from the campus's PVP submissions; and career services staff were registered for a training course on data integrity. Following its August 2018 meeting, the Council directed the institution to show-cause why the inclusion of the New Delhi branch campus should not be withdrawn from within its accreditation, and requested further information regarding the resolution of the concerns. Based on its review, the Council notes the following:

1. The campus submitted a letter stating an internal audit was conducted of the past three years of placement records and found the following results: (1) no evidence that any

further fictitious emails or companies were used; (2) of the 124 placement records audited, 2 on the 2015 CAR, and 1 on the 2016 CAR were inaccurately reported as placed when one should have been reported as not placed and the other two as placement waivers; and (3) five students who were classified as placed and 21 as placement waivers were missing supporting backup documentation. The letter stated that the campus will work to locate the documentation and correct the CARs. However, the campus did not submit any details on the internal audit process, who conducted the audit, and when the corrections would be made to the previous CARs.

2. The campus submitted certificates of completion of the MaxKnowledge online course CM104 - Compliant Interactions: Acting with Integrity for 13 participants to show evidence of training on ethical responsibility and expectations. However, there was no information submitted that identified the position of the participants at the campus and/or their relevant responsibilities with student or career services, with the exception of [REDACTED], who is identified in another section of the response as the recently appointed career services director. Additionally, other than the resume for [REDACTED], which lists seven years of combined experience in human resources management and consulting positions for private companies, there was no documentation submitted to evidence his training in career services at an educational institution or to inform him of ACICS *Accreditation Criteria* placement criteria and reporting procedures.

Council Action

Therefore, the Council acted to continue the show-cause directive for subsequent review at its **April 2019** meeting. In response to the show-cause directive, the New Delhi campus must submit the following information, via the online show-cause application, no later than **February 28, 2019**:

1. A narrative explanation of the placement record audit procedures referred to in the campus's September 2018 response. The explanation must include the process used to conduct the audit, the time frame for the auditing of the records, and whether the audit was conducted internally or by a third party. Documentation must also include revised program spreadsheets for any 2015, 2016, and 2017 CAR revisions as a result of the audit, and evidence that the campus has paid for and submitted any revisions to the 2016 and 2017 CARs. The 2015 CAR can no longer be revised.
Further, the campus must continue the auditing process and provide a completed internal audit report of placement records for the first half of the 2019 CAR reporting period, July 1, 2018 – December 31, 2018. The campus must fully disclose the findings of the audit and any operational or reporting changes made as a result.
2. Evidence of appropriate training of all staff relevant to career services and data integrity policies. Documentation must include evidence of the orientation and training of new career services director [REDACTED] on his new role and the ACICS *Accreditation Criteria* regarding placement, as well as [REDACTED]'s signed job

description. Documentation must also include an organizational chart identifying all those staff associated with career services and documentation of the training they have received. A formalized policy to ensure data integrity and monitoring of career services personnel must be included, along with evidence that it has been communicated to all staff.

The response materials must be received via the online show-cause application in the New Delhi branch campus's account by the date indicated above. Failure to provide all information requested by the Council may result in the withdrawal of the institution's accreditation.

Institutional Teach-Out Plan

Based on the Council's review of the Teach-Out Plan provided by the institution, 193 students are currently enrolled in five of the campus's six active approved programs. The institution asserts that it has the financial, academic and physical resources and capacity to conduct an orderly teach-out of all students. As part of the continued directive, the institution must provide an updated audit of students which shows their progression towards completion.

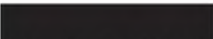
The Council is obligated to take adverse action against any institution that fails to come into compliance with the *Accreditation Criteria* within the established time frames without good cause. Please consult the Introduction of Title II, Chapter 3 of the *Accreditation Criteria* for additional information.

Please contact Ms. Michelle Bonocore at mbonocore@acics.org if you have any questions.

Sincerely, 

(b)(6)


Michelle Edwards
President and CEO

c: , New Delhi branch campus (acicsnewdelhi@stratford.edu)
Ms. Cathy Sheffield, Accreditation and State Liaison, U.S. Department of Education
(aslrecordsmanager@ed.gov)
Ms. Sylvia Rosa-Casanova, State Council of Higher Education for Virginia
(sylviarosacasanova@schev.edu)



August 10, 2018

ID CODE: 00019411(MC)

VIA EMAIL AND CERTIFIED MAIL

acicsfallschurch@stratford.edu

Dr. Richard Shurtz
President
Stratford University
7777 Leesburg Pike, Suite 100-S
Falls Church, VA 22043

Subject: Show-cause Directive for Placement Data Integrity
Re: Stratford University – New Delhi, Uttar Pradesh

ACICS ID: 00029108(BC)

Dear Dr. Shurtz:

At its July 2018 meeting, the Executive Committee of the Council considered the matter related to the New Delhi campus's misrepresentation of placement verification data on the ACICS Placement Verification Program (PVP) System.

As communicated in its July 8, 2018, letter to Mr. [REDACTED] at that campus, several graduates were submitted as placed at [REDACTED] but no evidence was available on the company's website to assess its credibility or legitimacy. Further, the contacts at [REDACTED] Ltd. and another company, [REDACTED] used the same IP address as the IP address used by the individual who submitted the records to the PVP system

In the response, the institution attested to the leadership's disbelief and lack of awareness of this activity by the New Delhi career services manager, Mr. [REDACTED] who disclosed to the administration on June 14 that he had fabricated the placements of the eight students outlined in ACICS's letter. [REDACTED] and [REDACTED] are companies created by a Stratford University graduate and associate of Mr. [REDACTED], who subsequently completed the verifications himself. The institution asserted that this was an isolated incident, given that Mr. [REDACTED] acted on his own accord with no directive from any University employee. Evidence of Mr. [REDACTED] termination by email was provided and that the career services function has been assumed by the campus president, Mr. [REDACTED] until the hiring of a new career services manager. Staff members have been registered for MaxKnowledge training, CM104 Compliant Interactions: Acting with Integrity, and on June 14, 2018, the University-wide director of career services provided training on ethical practices in placement and placement reporting. Further, the institution committed to a 100 percent audit of all placements and waivers at the New Delhi campus for the 2018 CAR period by the University-wide director of career services, which was set to be completed by August 1, 2018. The Council

notes that the placement data previously in question have been removed from the campus's PVP record by the institution. One graduate, [REDACTED] reported as employed by [REDACTED] is still in the system.

However, the Council considers institutional integrity and capability to be manifested by the professional competence, personal responsibility, and ethical practices demonstrated by all individuals comprising the management; and expects that all data reported to ACICS for any purpose be an accurate and verifiable portrayal of institutional performance, subject to review for integrity and accuracy.

Council Action

Therefore, the institution is directed to show-cause why the approval of the New Delhi branch campus should not be withdrawn from within its accreditation. The institution is required to review and follow the Council hearing procedures as detailed in **Section 2-3-500** of the *Accreditation Criteria* and the "Schedule of Fees" listing on the ACICS website. The institution must provide the appropriate notification and fee **within ten (10) business days of receipt of this notice, by August 24, 2018.** Failure to do so will be considered a deviation from the directives of ACICS and result in a withdrawal by suspension action in accordance with **Section 2-3-402** of the *Accreditation Criteria*.

In response to the show-cause directive, the institution must submit the following information via the online show-cause application, no later than **September 10, 2018**:

1. Internal audit of placement records, for the last three years as reported on the ACICS Campus Accountability Report(CAR), at the New Delhi branch campus to include an assessment of the use of any other fictitious email address or company that may have been used, any other records that may have been influenced by this misrepresentation, and subsequent action by the institution.
2. Evidence of training completed by all relevant staff at the campus, which must include ethical responsibility and expectations.
3. Formal termination materials for Mr. [REDACTED] beyond an email. Additionally, evidence that Mr. [REDACTED], the newly hired career services manager, is qualified and trained to serve at the campus must be provided with documentation to evidence his awareness of the ethical responsibilities of the role.
4. The link to the New Dehli campus webpage where the show-cause directive has been posted as well as copies of the notice to current and prospective students of the show-cause status.

Institutional Teach-Out Plan

Further, to ensure that students will receive an appropriate outcome in the event of campus closure, the campus must provide the Council with an Institutional Teach-out Plan, utilizing the **online Request for Institutional Teach-out Plan application** in the Member Center. This *Request for Institutional Teach-out Plan* must be completed as part of the institution's response to this show-cause directive.

The Council is obligated to take adverse action against any institution that fails to come into compliance within established time frames without good cause, pursuant to Title II, Chapter 3, Introduction of the *Accreditation Criteria*.

If you have any questions about this action, please contact Ms. Michelle Bonocore at (202) 421-5183 or mbonocore@acics.org.

Sincerely,

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Michelle Edwards
President and CEO

- c: Mr. Amit Prasad, New Delhi branch campus (acicsnewdelhi@stratford.edu)
Ms. Cathy Sheffield, Accreditation and State Liaison, U.S. Department of Education
(aslrecordsmanager@ed.gov) (CaseTeams@ed.gov)
Ms. Sylvia Rosa-Casanova, State Council of Higher Education for Virginia
(sylviarosacasanova@schev.edu)

At-Risk Institutions Group (ARIG) Annual Report

				Council Action		
Institution/Campus	Area(s) of Concern	Date	ARIG Review	December 2018	April 2019	August 2019
Virginia College (institution)	External Adverse – ACCET Denial	May 2018	Recommend a Show-Cause Directive	Incorporated into the Withdrawal of Accreditation action		
Education Corporation of America (ECA)	Financial Adverse – HCM2	November 2018	Recommend a Show-Cause Directive	Withdrawal of Accreditation	-	-
Virginia College - Greensboro	Complaint – Academic Integrity		Incorporated into institutional Show-Cause	Withdrawal of Accreditation	-	-
Virginia International University (VIU)	External Adverse – SCHEV Action	March 2019	Recommend a Show-Cause Directive		Special May 2019 Meeting – Continue the Show-Cause	Vacate the Show-Cause and request conclusive information
Stratford University	External – Media; Campus Closures	May 2019	Request a Written Response/Direct Unannounced Visits			Continued Compliance Warning Action Continue monitoring of campus closures
Hope College of Arts and Sciences (HCAS)	Financial Adverse – HCM2; USDE Program Review	April 2019	Direct Limited Announced Visit			Request Additional Information
Art Institute of Las Vegas (AiLV)	Financial Adverse – HCM2 External Adverse – Receivership External – Potential Change of Ownership	January – March 2019	April 2019 Council Review		Direct Fast Assessment & Compliance Team (FACT) Visit	Continue Show-Cause Directive